

SAMPLE ONLY

ORDER THROUGH NORMAL SUPPLY CHANNELS



REPORT OF SPECIAL INCIDENT INVOLVING A BENEFICIARY

NOTE: For type of incident to be reported on this form, see Chapter 2, Section A, paragraph 2, DM&S Supplement to VA Manual MP-1, Part I.

1	TO	<input type="checkbox"/> STAFF PHYSICIAN	<input type="checkbox"/> OFFICER OF THE DAY	<input type="checkbox"/> CHIEF, DOMICILIARY OPERATIONS	The following is a report of an incident affecting the beneficiary identified below.
DESCRIPTION OF INCIDENT (Include age of beneficiary, date of admission, diagnosis, and medications)					

DATE AND TIME OF INCIDENT	INCIDENT WAS
	<input type="checkbox"/> WITNESSED BY ME
	<input type="checkbox"/> DATE AND TIME REPORTED
DATE OF REPORT	SIGNATURE AND TITLE OF PERSON PREPARING REPORT
	<input type="checkbox"/> REPORTED TO PHYSICIAN
	<input type="checkbox"/> REPORTED TO ME BY (Give name and title)

2	TO	<input type="checkbox"/> CHIEF OF STAFF	<input type="checkbox"/> CHIEF, DOMICILIARY MEDICAL SERVICE	<input type="checkbox"/> CLINIC DIRECTOR
DATE AND HOUR BENEFICIARY WAS SEEN BY UNDERSIGNED				
REMARKS				

DATE	SIGNATURE AND TITLE (Staff Physician, Officer of the Day, or Chief, Domiciliary Operations)
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BENEFICIARY'S NAME: SOCIAL SECURITY NO.: WARD NO.: NAME OF FACILITY: DATE

REPORT OF SPECIAL INCIDENT
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3a	TO: (NAME)	TITLE
PLEASE FURNISH THE FOLLOWING ADDITIONAL INFORMATION AND RETURN THIS FORM:		
DATE	SIGNATURE AND TITLE (Chief of Staff, Clinic Director, or Chief, Domiciliary Medical Service)	
3b	TO: Director	<input type="checkbox"/> NO FURTHER ACTION INDICATED <input type="checkbox"/> INVESTIGATION INDICATED
COMMENTS AND RECOMMENDATIONS		
IS THIS INCIDENT REPORTABLE TO VA CENTRAL OFFICE UNDER PROVISION OF CHAPTER 2, SECTION A, DM&S SUPPLEMENT MP - 1, PART - 1?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE	SIGNATURE AND TITLE (Chief of Staff, Clinic Director or Chief, Domiciliary Medical Service)	
4	TO:	
<input type="checkbox"/> NO FURTHER ACTION REQUIRED <input type="checkbox"/> INVESTIGATE INCIDENT AND SUBMIT REPORT AND RECOMMENDATION TO ME BY _____.		
<input type="checkbox"/> ACTING AS CHAIRPERSON, CONVENE A BOARD OF INVESTIGATION WITH TWO OTHER MEMBERS (Names shown below), EXAMINE WITNESSES, AND SUBMIT YOUR REPORT AND RECOMMENDATIONS TO ME BY _____.		
REMARKS		
DATE	SIGNATURE OF DIRECTOR	
5	TO: Director	Submitted herewith is report with recommendations of the investigation concerning the incident affecting this beneficiary.
REMARKS		
DATE	SIGNATURE AND TITLE (Chairperson or investigator)	
6	TO: Regional Director (10BA-)	This report and related investigation reports are forwarded with the following comments and recommendations.
COMMENTS AND RECOMMENDATIONS		
DATE	SIGNATURE OF DIRECTOR	
7	TO: Director	Your report has been reviewed.
REMARKS		
DATE	SIGNATURE AND TITLE	